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SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. HAMPTON

NOV - 2 2010

EXAMINER

COVER LETTER

Registration Section Division of Corpora		
SUBJECT:	H2O ACTIC	ON SPORTS, LLC
		Liability Company
Dear Sir or Madam:		
The enclosed Registered A	gent/Registered Office C	Change and fee(s) are submitted for filing.
Please return all correspon	dence concerning this ma	atter to the following:
	ON CASEY	
Name	of Person	
Firm/	Company	
	IE 17TH ST	
•		
	RDALE, FL 33305 and Zip Code	
packet 31 @ E-mail address: (to be used for	gmail - Com	
For further information con	ncerning this matter, plea	se call:
Tyre	No	
packet31@gm Name of Persor	ail.com at (954) 816-2524 Area Code & Daytime Telephone Number
STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, Florida	ons er Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:		
\$25 Filing Fee		\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company:	H2O ACTION SPORTS, LLC
2. (a) Principal office address of limited liability comp	oany:
(Note: MUST BE STREET ADDRESS)	1017 NE 17 ST FT. LAUDERDALE, FL 33305
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	1017 NE 17 ST FT. LAUDERDALE, FL 33305
9/11/09	L09000087815
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:
Registered Agent:	HELGA M GOEBEL
Registered Office Address:	1017 NE 17 ST FT. LAUDERDALE, FL 33305
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>I</u>	NEW Registered Office address:
NEW Registered Agent:	TYRON C CASEY
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1017 NE 17 ST
(MUST BE PLOXIDA STREET ADDRESS)	FORT LAUDERDALE ,FL33305
If the limited liability company is not organized under to confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company or as of the operating agreement of the limited liability company. Signature of a member or authorized representative of a member. Printed or typed name of signee. I hereby accept the appointment as registered agent are comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability company.	the Florida street address of the registered office dentical. Or, in the case of a Florida limited grees) was/were authorized by an affirmative write therwise provided in the articles of organization. OF STARY OF STARY OF STARY OF STARY OF STARY OF STARY OF STARY.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00